

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90110 037 \*\*\*150.00

**DOCUMENT # P98000043987**

1. Entity Name  
**T.E.I. MARKETING GROUP, INC.**



Principal Place of Business  
**1739 MAPLELEAF BLVD  
OLDSMAR FL 34677**

Mailing Address  
**1739 MAPLELEAF BLVD  
SUITE 301  
OLDSMAR FL 34677**



2. Principal Place of Business

**702 HEATHROW LANE**

3. Mailing Address

**702 HEATHROW LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR FL**

4. FEI Number  
**59-3510966**

Applied For  
☐ Not Applicable

Zip  
**34683**

Country

Zip  
**34683**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SCOTT, RONALD  
1739 MAPLELEAF BLVD  
OLDSMAR FL 34677**

## 7. Name and Address of New Registered Agent

Name **SCOTT, RONALD**  
Street Address (P.O. Box Number is Not Acceptable) **702 HEATHROW LANE**  
City **Palm Harbor** **FL** Zip Code **34683**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, RONALD R</b>	
STREET ADDRESS	<b>1448 SEAGULL DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>702 HEATHROW LANE</b>	
STREET ADDRESS	<b>PALM HARBOR FL 34683</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03 727 781 0458**  
Date Daytime Phone #

CR2E034 (10/02)